

EDITORIAL

Child Health in Ethiopia: Examining the Frontiers

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“Child health is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential”

World Health Organization (1).

The metaphor “children are not simply small adults”, expressed with positive inspiration and a firm recognition of the commonalities between adults and children, has been well-worn by pediatricians since the 1970s in particular (2,3). While it is well-understood that children are not small adults who can be treated as though they were, we also recognize that children are not uniformly vulnerable beings. Rather they are individuals in transition whose growth into adulthood should be nurtured so that they can develop and realize their full potential, satisfy their needs, and develop capacities that allow them to interact successfully with their biological, physical, and social environments (4,5).

Having the above metaphor in the backdrop, we must examine the child health frontiers in Ethiopia with a deep understanding of the complex set of factors or circumstances operating in a transactional way (5,6), impacting health not just in childhood but throughout the life course of individuals. The intricate and interwoven physical, cognitive, social, and emotional domains of child health (6,7) occur not in isolation but in the context of the child’s family and community. Moreover, the dynamic definition and complex nature of child health and [well-being] (1) compounded by the rapid social changes and environmental adversities (natural and man-made) would require broadening our traditional and historical notions of health and revising our child health intervention packages accordingly.

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In Ethiopia, in keeping with what has been documented by others (7,8), achieving ‘positive’ health in addition to preventing and treating acute and chronic diseases has major implications on models of service provision by providers, communities, and the government. To be holistic and effective, the models must move from existing uni/multi-disciplinary approaches to more transdisciplinary models allowing greater flexibility in professional roles to meet children’s ‘positive’ health imperatives. Child healthcare providers must integrate their interventions with those offered by the education and social service sectors in order to address family needs and children’s health and development (9).

Based on the Mini Ethiopian Demographic and Health Survey (EDHS) 2019 (10), Ethiopia was able to effectively reduce the under-five mortality rate (U5MR) by two-thirds—from an exceedingly high level of 222 deaths per 1,000 live births in 1990 to 55 deaths per 1,000 live births in 2019. Infant mortality in 2024 is estimated at 26 deaths per 1,000 live births, and neonatal mortality at 27 deaths per 1000 live births (11). This suggests that Ethiopia is on track to achieving the Sustainable Development Goal (SDG) of reducing U5MR to at least as low as 25 deaths per 1,000 live births and neonatal mortality to as low as 12 deaths per 1,000 live births by 2030. The government has developed the Health Sector Transformation Plan (HSTP)2, 2021–2024 (12), which would directly and indirectly contribute to the survival and development of newborns and children.

Nevertheless, the mean relative health status of children living in poverty is measurably worse from the time of birth, compared with income-sufficient children (13). Growing up deprived of basic needs – from nutrition to shelter to education – hinders children’s physical and cognitive development, limiting their social and economic opportunities as adults (14). Moreover, disparities are evident across almost every pediatric health condition (15). Attempts to prevent or reduce inequalities must address resource allocation, ensuring its availability to all but proportionate to the needs to address the underlying causes of health and [well-being] based on proportionate universalism—combining universalism with targeting to reduce health inequalities (16,17).

Ethiopia’s National Children's Policy (2017), hinging on the prevailing constitution of the country, emphasizes the need to support the development of children, provide biopsychological care, and protection from social, economic, and political problems, and enhance the rehabilitation services for children in difficult situations (18). We also recognize that Ethiopia is facing a double mandate to promote child health and [well-being]. There is an urgent need to curb child deaths associated with conditions that could be easily prevented or treated, including prematurity, pneumonia, diarrhea, and other infections.

At the same time, infants, children, and adolescents must also be given a stable environment to thrive, including good health and nutrition, protection from threats, and access to opportunities to learn, grow, and achieve their full potential as adults. The Ethiopia Journal of Pediatrics and Child Health (EJPCH) has consistently underscored that investing in children's health and well-being is one of the most important things a society can do to build a better future. It encourages penetrating research undertakings to unravel the existing health challenges and epidemiologic shifts in patterns of illness and threats to children's health—the 'new and emerging morbidities' and span this over a child's life and developmental trajectory. The Journal fosters the dissemination of scientific knowledge to support initiatives for child health and [well-being] as defined by the WHO, while duly recognizing the dynamic nature of child health.

References

1. World Health Organization, Constitution of WHO. 1948. Available from: <https://www.who.int/about/governance/constitution>.
2. Gillis J, Loughlan P. Not Just Small Adults: The Metaphors of Pediatrics. *Arch Dis Child*. 2007 Nov;92(11): 946-7. Available from: doi: 10.1136/adc.2007.121087. PMID: 17954476; PMCID: PMC2083631.
3. Time to be serious about children's health care. *Lancet*. 2001 Aug 11;358(9280):431. PMID: 11513899.
4. Larcher V. (2015). Children Are Not Small Adults: Significance of Biological and Cognitive Development in Medical Practice. In: Schramme, T, Edwards S. (eds) *Handbook of the Philosophy of Medicine*. Springer, Dordrecht. Available from: https://doi.org/10.1007/978-94-017-8706-2_16-1.
5. Sameroff, A. Transactional models in early social relations. *Human Development*. 1975; 18 (1-2):65–79. Available from: <https://doi.org/10.1159/000271476>
6. Stein RE, Defining Child Health in the 21st Century. *Pediatr Res*. 2024;96:1438-1444 Available from: <https://doi.org/10.1038/s41390-024-03423-w>.
7. Moore, T, Oberklaid F. (2014). Health and Child Well-Being. In: Ben-Arieh, A., Casas, F., Frønes, I, Korbin, J. (eds) *Handbook of Child Well-Being*. Springer, Dordrecht. Available From: https://doi.org/10.1007/978-90-481-9063-8_89.
8. Halfon N, Forrest CB, Lerner RM, Faustman EM. (eds.), *Handbook of Life Course Health Development*. Available from: <https://doi.org/10.1007/978-3-319-47143-3>.
9. Haith MM, Benson JB. Infant and Child Health. In: Benson JB. (Ed.), *Encyclopedia of Infant and Early Childhood Development*, 2nd edition. vol. 3, Elsevier, pp. 356–364. Available from: <https://dx.doi.org/10.1016/B978-0-12-809324-5.23585-2>.

10. Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2021. Ethiopia Mini Demographic and Health Survey 2019: Final Report. Rockville, Maryland, USA: EPHI and ICF. Available from: <https://dhsprogram.com/pubs/pdf/FR363/FR363.pdf>
11. Ministry of Health-Ethiopia Neonatal and Child Health Desk. Available from: https://www.moh.gov.et/en/initiatives-4-col/Newborn_and_Child_Health_Care?language_content_entity=en#:~:text=Ethiopia%20has%20achieved%20admirable%20results,thus%20increasingly%20accounting%20for%20a
12. Ministry of Health-Ethiopia. Health Sector Transformation Plan II (HSTP II) 2020/21-2024/25. February 2021. Available from: <https://www.globalfinancingfacility.org/sites/default/files/Ethiopia-HSTP-II.pdf>
13. Marmot M. The Health Gap: The Challenge of An Unequal World. *The Lancet*. 2015;386(10011):2442-2444. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00150-6/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00150-6/abstract)
14. United States Agency for International Development. Maternal and Child Health. https://www.usaid.gov/sites/default/files/2022-05/Ethiopia-Fact-Sheet_Maternal-Child-Health_Oct-2020.pdf
15. United Nations Children's Fund. Child Poverty. Available from <https://www.unicef.org/social-policy/child-poverty>.
16. Knight A, Gardner D, Crook C, Crabtree E, Ennis N, Simkiss D, et al. What Is Health equity and Why Do Children Need It Now More Than Ever? *Pediatr Child health*. 2024; 34(3):85-91. Available from: <https://doi.org/10.1016/j.paed.2023.12.002>
17. Stein RE. A measured approach to child health. *Acad Pediatr*. 2011 May-Jun;11(3):240-6. doi: 10.1016/j.acap.2010.11.013. Epub 2011 Feb 26.
18. Federal Democratic Republic of Ethiopia National Early Childhood Development and Education Policy Framework 2022/23 Addis Ababa. <https://www.unicef.org/ethiopia/media/8081/file/Final%20ECDE%20Policy%20Framework.pdf>